Transitions to Community Living

About your presenters…

Emery Cowan

Ken Edminster

VinceNewton

the Olmstead mandate

the Law and the ADA

Olmstead v. L.C.

- On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act.

- The Court held that public entities must provide community-based services to persons with disabilities when
  1) such services are appropriate;
  2) the affected persons do not oppose community-based treatment; and
  3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

Supreme Court reflections…

1) "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable of or unworthy of participating in community life."

2) "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

Faces of Olmstead

- Michael got a full time job working - values knowing "when my next paycheck will be" and being able to provide for his own needs.
- Michael also received a housing voucher which helped him to get his own apartment. Living near work has made it possible for him to keep his job. Beyond that, Michael has loved having his own home. He now has privacy, feels safe, and "I can sleep at night now." When people ask where he lives, he said "I don't feel embarrassed anymore."

Rose says she treasures "being able to go where you want" and "having anyone over without getting someone else's approval." She says it is the little things that mean the most. "I now have the right to just live and the freedom to open and close doors."

http://www.ada.gov/olmstead/faces_of_olmstead.htm

Olmstead cases by issue

- Nursing Facilities
- Board & Care Facilities and Adult Care Facilities
- Mental Health Facilities
- Institutions for Individuals with Intellectual & Developmental Disabilities
- Children
- Sheltered Workshops/Segregated Day Services
- Medicaid EPDST Services
- Class Certification
- Persons at Risk of Institutionalization
- Education

Olmstead cases by state

Letters of Findings

- FL
- OR
- MI
- CA

Settlement Agreements

- NH
- TX
- NY
- RI
- VA
- DE
- NC
- GA
- NE
- PR

NC's Focus on ADA and Olmstead

- USDOJ findings letter for North Carolina:
  - The State's prioritization of investment in institutional settings at the expense of community-based settings;
  - Many individuals with mental illnesses continue to live in long term care settings because there are not yet more appropriate alternatives available to them in their communities

Guiding Principles of the NC Settlement Agreement

- Individual choice is valued and supported
- Services should be in the least restrictive, most integrated setting
- Services should be built on resiliency and be recovery-oriented
- Housing setting enables individuals with disabilities to interact with individuals without disabilities to the fullest extent possible
- Housing setting does not limit individuals' ability to access community activities at times, frequencies and with persons of their choosing

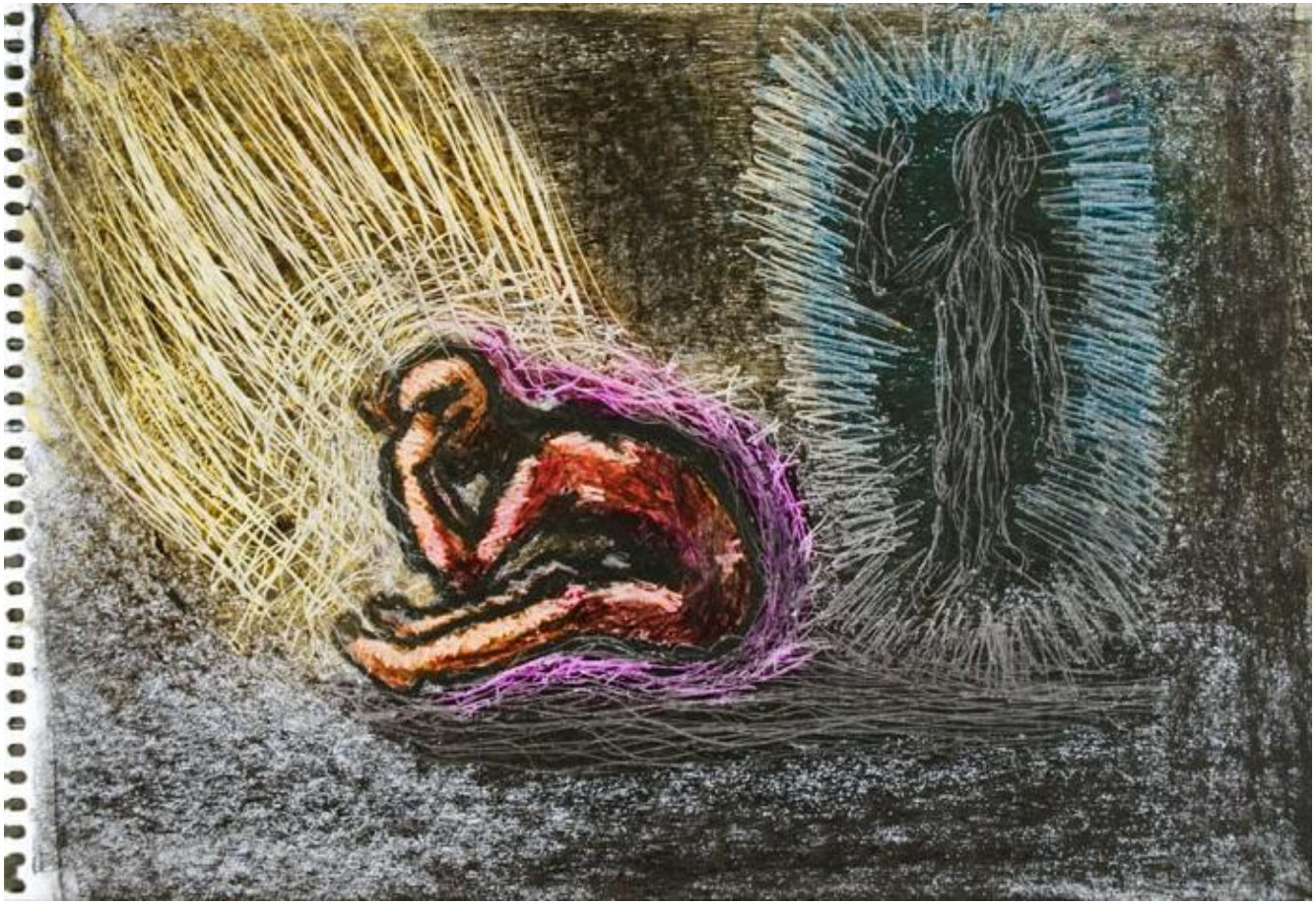
State Response:
Transitions to Community Living Initiative

- On August 23, 2012 Acting DHHS Secretary Al Delia signed an agreement with the US DOJ to settle claims that the state of North Carolina had violated the American with Disabilities Act with respect to individuals currently residing in Adult Care Homes and state psychiatric facilities who were considered to have severe and persistent or serious mental illnesses.

More on TCL later…

the mindset of community inclusion

What does the latest research on mental illness tell us?



Changing Times

- the Americans with Disability Act and the Olmstead Decision have created a legal framework for community inclusion
- the mental health consumer movement's advocacy on behalf of self-determination and the need for peer support have had a dramatic impact on consumer lives in the community;
- and the impact of discrimination toward those with mental illness, and the role of 'language' in alleviating or compounding those problems

– all these shape the environment for community inclusion

Changing Expectations

- Olmstead's motto: *"Community Integration for Everyone"*
- Community integration is
  - Ensuring that each individual has every opportunity to participate in community life, and to be valued for his or her uniqueness and abilities, like everyone else;
  - Affirmative actions of community members – as individuals and in the organizations and associations that are part of any vibrant community life – to welcome those with psychiatric disabilities into the complex web of day-to-day living.

http://tucollaborative.org/comm_inclusion/community_integ_intro.html

Dignity of Risk

- 'Community integration demands that we encourage persons in recovery to expect nothing less than that which individuals living without disabilities look forward to in their lives.'
  - This is the core of legal underpinnings with the Americans with Disabilities Act (ADA), DOJ, Olmstead

"We all have value despite where we are on our journey and what challenges we are facing. [A job and an apartment] is worth struggling for and worth the risk"

----------**An Excellent Read for TCL staff** ----------

Managing Risk in Community Integration: Promoting the Dignity of Risk and Supporting Personal Choice

http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Managing_Risk_in_CI.pdf

Eight Dimensions of Wellness

- For people with mental health and substance use conditions, wellness is
  - not the absence of disease, illness or stress,
  - but the presence of purpose in
    - life,
    - active involvement in satisfying work and play,
    - joyful relationships,
    - a healthy body and living environment, and
    - happiness

http://www.promoteacceptance.samhsa.gov/10by10/dimensions.aspx

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal, 29*(4), 311–314.

Risk Factors

- Poverty, Social Isolation, and Trauma
- higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease (including HIV);
- higher risk factors due to high rates of smoking, substance abuse, obesity, and "unsafe" sexual practices;
- increased vulnerability due to poverty, social isolation, trauma, and incarceration;
- a lack of coordination between mental and primary healthcare;
- stigma and discrimination;
- side effects from psychotropic medications;
- and an overall lack of access to healthcare- particularly preventative care.
- In addition to the tragedy of early death, it should also be noted that the higher rates of acuity of health conditions result in greater health costs to the nation.

National Wellness Initiative

- The early mortality rates of people with serious mental health problems—with decades of life lost—have recently received much-needed attention.
- This disparity in life expectancy is unacceptable.
- People with mental health problems deserve to live lives that are as long and as healthy as other Americans.

The Continuum of Community Integration Outcomes

←Participation Less Like Everyone Else Participation More Like Everyone Else →

Institution/Agency-Based participation←——→ Community-Based Participation

Staff-Directed Participation←——→Person-Directed Participation

Separation←——→Association

http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/measuring_community_inclusion/CI_and_Measuring_Participation.pdf

YOU are change agents for…
The Paradigm Shift

- Recovery
  - Regardless of diagnosis or history, people we serve can and do recover
- Employment
  - People we serve can and do go back to work
- Housing
  - People we serve can have their own apartment
- Harm Reduction
  - People we serve who are actively using substances are met "where they're at"
- Wellness
  - People we serve thrive when offered self-management tools to direct their own care and whole health

Lets talk it over…

What do we expect from the individuals we serve?

Is it different than from what you and I want out of life?

the foundation

Recovery

Psychiatric Rehabilitation

Adult Community Mental Health

Psychiatric Rehabilitation 101

- emerged in 70-80s
- People were being deinstitutionalized into largely unsupportive communities
  - "Rehabilitation" attempts to open the doors to the community
- Psychiatric rehabilitation is a **branch** of psychology (ie. discipline) dedicated to the process of **recovery** and restoration of mental wellness and living skills after a mental illness.
- A well researched EBP
- Designed to help people be successful and satisfied in the living, working, learning, and social environments of their choice.
- Goal:
  - gain or regain valued roles in their communities
- Target population:
  - SMI/SPMI and co-occurring disorders
- Psychiatric Rehabilitation Process and Choose-Get-Keep model of psychiatric rehabilitation

http://www.bu.edu/cpr/products/books/titles/prprimer.pdf

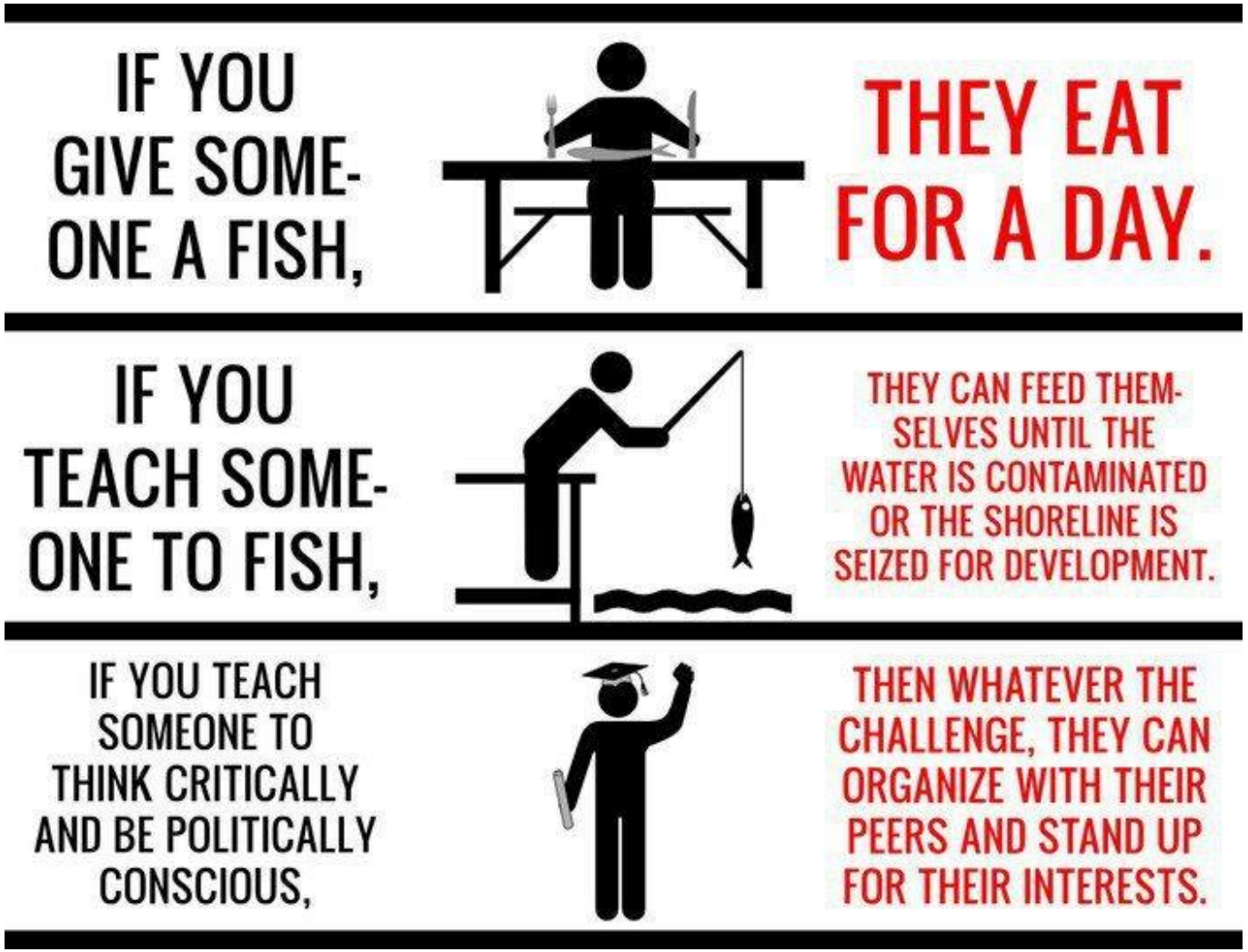
http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=241

Focus of Psych Rehab

- the nature of the helping interaction between practitioner and consumers
- Interventions are relevant to what the person wants and needs
- Strengths based and value based

"Every time I provide a face to face contact, my goal is to help the person learn skills they want to learn to be on their own"

Psych Rehab is a Value-Based Approach



You may have been or are providing Psych Rehab and don't even know it!

- Most interventions we provide (or should) for people with SMI/SPMI fall under the umbrella of Psychiatric Rehabilitation
- The focus is on recovery through rehabilitation program models like:
  - Assertive Community Treatment (ACT)
  - Supported Employment (Individual Placement and Support)
  - Integrated Dual Disorders Treatment (IDDT)
  - Permanent Supportive Housing
  - Clubhouses
  - Wellness Management & Recovery (IMR/WMR) and WRAP
  - Family Psychoeducation

Is THIS psych rehab?

Likely Not	Likely So
Delivering weekly $ (via rep payee)	Bi-Weekly meetings to assist with money skills development
"Encouraging" outings, planning events for the day	Going with person to coffee shop to practice assertiveness and interpersonal skills
Practicing coping skills to manage anxiety related to supervised living	Teaching skills (safe use of microwave, 5 dinner recipes, use of thermostat, household cleaning routines, esp. w food) for independent living in own apartment, which includes visiting him 4 days a week to exercise and model those skills

http://www.bu.edu/cpr/products/books/titles/prprimer.pdf

On the importance of gaining or regaining Valuable Social Roles

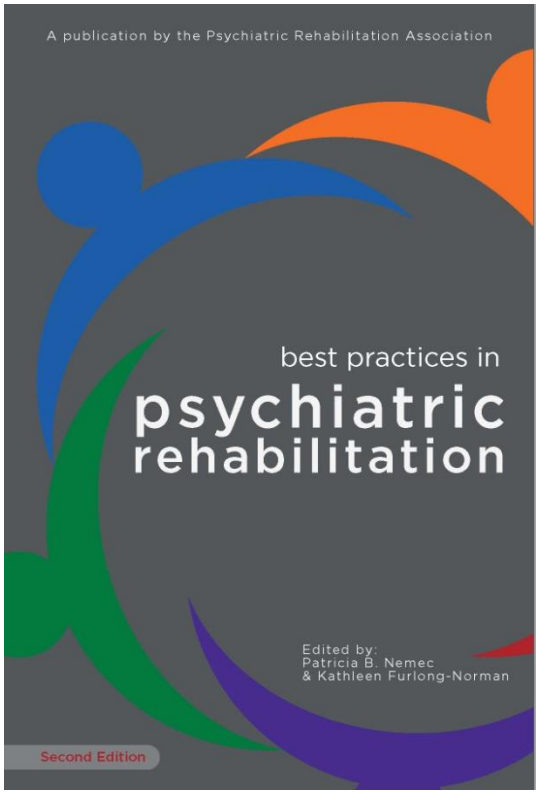
- Cultures in which community/family supports are greater, and return to culturally defined adult roles are **expected**, the course of the illness (ie, recovery) is dramatically better.

What are your top 3 valued social roles?

Psychiatric Rehabilitation Association

The source:

- PRA, an international, interdisciplinary community, is focused on growing and training the recovery workforce, a key element of helping to deliver improved mental and behavioral health outcomes.
  - the practice of psychiatric rehabilitation leads to recovery
  - Person-first language guidelines for the field of psychiatric rehabilitation to promote respect
  - Addresses the disparities in mental health care found for cultural, racial and ethnic minorities



Recovery is a Journey not a Destination

- **SAMHSA's Vision**
  - We envision a future in which people with mental health and substance use disorders pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources.

"Recovery requires a paradigm shift in our thinking as mental health researchers, administrators, program managers, direct service providers and consumers of mental health services. We must no longer think about people with mental illness as always being disabled. We must, first of all, see people who experience mental illness as human beings who can move on to better times in their lives. And yet – recovery does not necessarily mean "cure." It is a way of living in order to make the most out of life."

http://www.bhrm.org/guidelines/Ralph%20recovery.pdf

So what can you do?

- YOU are a positive influence regarding work, school, housing, wellness
  - be a conduit for hope
  - Remind people you believe they can do it

- YOU extremely influential and can change the culture of an agency by expressing support for and being a change agent for recovery.
  - Share success stories
  - Assist staff in providing good wrap-around supports

National Recovery Month

Prevention Works • Treatment is Effective • People Recover

SEPTEMBER 2014

25 YEARS

Recovery is everyone's business!

Videos: http://www.youtube.com/watch?v=jhK-7DkWaKE

(Start at 1:31) http://www.c-span.org/video/?310584-1/state-mental-health-care-system

http://www.youtube.com/watch?v=-Z8v545sjaw

What we know:

- People with SPMI/SMI can and do Recover.

- Recovery is ***not*** rigidly defined as a cure, removal of symptoms, or merely stabilization, functioning and maintenance

  *its about "**reclaiming a positive sense of self**"*

What is Recovery to you?

the philosophy

housing first & employment first

Did you know?

- Housing and Employment is often the first pathway to initiate and maintain one's recovery

Did you know?

- Housing and Employment may protect clients from relapse.
- These outcomes are associated with continued recovery, whereas relapse is associated with unemployment, housing instability, and loss of social supports

Did you know?

- There are NO predictors of who will be successful in community employment and housing…
  - So help everyone get there
  - And work your butts off to keep them there!

Our Goal

- TCL aims to promote Housing First and Employment First:
  - Immediate access to an apartment or job search without "readiness requirements"
  - Systematic and individualized wrap-around supports to optimize success

Newest Research Study

Life, liberty, and the pursuit of happiness: Reframing inequities experienced by people with severe mental illness.

- People with severe mental illnesses experience numerous inequities regarding "life, liberty and the pursuit of happiness."
- These inequities include diminished life expectancy, excessive involuntary commitment and elevated rates of unemployment and homelessness.
- Governmental and clinical responses to such inequities include the Affordable Care Act and the **Olmstead** Decision, as well as recovery-oriented interventions such as **Supported Employment** and **Supported Housing**.

  - Psychiatric Rehabilitation Journal, Vol 37(1), Mar 2014, 68-70

Simple FACTS

- What do landlords want?
  - Someone to pay the rent
  - A reliable, quiet tenant
- What do employers want?
  - Someone qualified to do the work
  - A hardworking, dedicated employee

Housing First

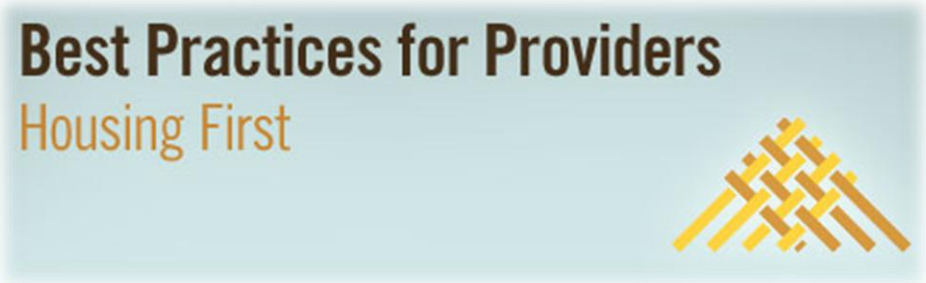
Not a "housing slot", not a "placement"

"A central tenet of the Housing First approach is that social services to enhance individual and family well-being can be more effective when people are in their own home."

-NAEH

Housing First is a home, based on consumer choice for people who are chronically homeless, vulnerable and/or have psychiatric disabilities.

This is immediate access to an apartment of their own, without "readiness requirements".



How did this start?

- Chronic Homelessness
- Pathways to Housing Inc.
  - Sam Tsemberis
- 100,000 Homes Campaign
- Supportive Housing EBP, SAMHSA
- New Research

http://www.npr.org/news/specials/housingfirst/about/index.html

Pathways To Housing

The Model:
Permanent, Supportive Housing

- Independent scatter-site housing (also known as supportive housing) has become increasingly common and is intended to maximize opportunities for community integration
  - normalized housing setting,
- Consumer-empowerment
  - I get to choose where I live
- Services aim to support consumers in their efforts to live independently and adjust to community living
  - provision of flexible and individualized services

http://www.bazelon.org/Where-We-Stand/Community-Integration/Housing/Housing-Policy-Documents.aspx

Positive Outcomes

- Positive outcomes in favor of supported housing include longer
  - housing tenure
  - better quality of life
  - more meaningful activities and work
  - greater housing satisfaction
  - lower rate of psychiatric hospitalization
  - lower cost

http://ps.psychiatryonline.org/data/Journals/PSS/3873/09ps367.pdf

Supportive Housing and Transitions: a 2012 study on community integration

Findings:

- symptoms are not a major factor in impeding community integration but that other factors, such as length of time in a given area, are important predictors

Suggestions:

- consumers need to be allowed the opportunity to adjust to new environments whenever possible.
- housing mental health consumers in communities where they have existing social connections may also be beneficial. When consumers enter housing programs, they are often homeless and are quick to accept the very first apartment that becomes available.
  - Consumers might be advised to wait until an apartment in a neighborhood where they have existing ties is identified, given the long-term implications of this decision.

http://ps.psychiatryonline.org/data/Journals/PSS/22624/pss6305_438.pdf

Supportive Housing for individuals transitioning from institutions

Findings

- being housed was associated with significant…
  - improvements in client satisfaction, as well as several life domains, including satisfaction with living situation, community integration, satisfaction with family involvement, isolation, and sense of choice and empowerment.
  - reductions in problems related to mental health functioning overall, and subdomains of impulsive/addictive behavior, psychosis, role functioning, and depression.

- Moreover, hospital days out of a 9-month period dropped from an average of 153.6 to an average of 3.5

  - CT Evaluation Report, Housing First Pilot Evaluation, 2012 http://www.ct.gov/dmhas/lib/dmhas/publications/HousingFirst8-27-12.pdf

"It takes more than a lease and a key"

- relationships with landlords can promote tenants' housing stability, rehabilitation, social integration, and success in community living

- tenants, housing programs, and service providers should collaborate with landlords

- 2002 study

Long Term Tenancy

- **Factors associated with departure from supported independent living programs for persons with serious mental illness.**
- (69%) maintained continuous residence in the program for the study period, 14% experienced a positive departure, and 17% a negative departure.
  - past substance abuse problems increased the probability of a negative departure
    - more supportive relationship with program staff decreased the probability
  - higher income increased the probability of a positive departure
    - higher level of social distress in the neighborhood decreased the probability.

"Housing First" is not "Housing, and that's it"

"Life 'in' the community does not necessarily guarantee a sense of belonging 'to' the community – a sense of inclusion.

More assertive initiatives are needed – both to encourage and support individuals with psychiatric disabilities who want to begin to re-connect to the non-mental health world around them and to expose and support community members who need to re-learn one of the more subtle meanings of 'community.'

In this sense, housing is both an important determinant of the possibilities for community inclusion while only a starting point."

So what else is there….?

http://tucollaborative.org/comm_inclusion/housing.html

Employment First

"Working helps further recovery more than any other single thing – more than therapy, case management or medication alone."

-Dartmouth PRC

Employment First is a concept to facilitate the full inclusion of people with the most significant disabilities in the workplace and community.

Under the Employment First approach, **community-based, integrated employment is the first option** for the people we serve.

Employment is the expectation not the exception

Not a "workshop", not a "training"

Employment Works! Research findings

- significant improvement in social skills after 17 weeks of job placement.
- employment results in significant symptom improvement and fewer hospitalizations.
- participants who were in employment after 18 months tended to have
  - lower symptoms (particularly thought disorder),
  - better self esteem and
  - more satisfaction with their finances and vocational services than those who were unemployed.
- being in employment was associated with an increase in independence, an improved sense of self worth and an improved family atmosphere.

The Model:
IPS Supported Employment

- Evidence-Based Supported Employment for people with SMI/SPMI is referred to as…***INDIVIDUAL PLACEMENT AND SUPPORT (IPS)***
- Developed by the ***Dartmouth Psychiatric Research Center***
  - IPS was first studied in a randomized controlled trial in 1996; Between 1996 and 2014, IPS was evaluated in now **20** randomized controlled trials. This research has established IPS as an *evidence-based practice*
  - Endorsed by SAMHSA; developed into the SE-EBP toolkit

http://sites.dartmouth.edu/ips/

SAMHSA

Making the Case

- IPS is 3 x's more effective than other vocational approaches in helping people with mental illness to work
- IPS has been found effective for numerous populations
  - To date, Dartmouth has not discovered a subgroup for which IPS has not been effective.
- IPS is an excellent investment, with an annual cost of $5500 per client in 2012 dollars.
- IPS has been successfully implemented in both urban and rural communities

Changing Landscape

- Integration with Behavioral Health and VR
- Work Readiness is not a factor
  - employment leads to recovery
- Less focus on pre-vocational or transitional employment
- Focus on disclosure & benefits
- Meeting people where they are at
  - harm reduction
- Person-centered planning
  - Integrated documentation with behavioral health

Program Structure

IPS-SE TEAM or
"vocational unit"

Team Leader, employment specialists, employment peer mentors

Meet weekly

Meet weekly

DVR liaison

BEHAVIORAL HEALTH STAFF- therapist, case manager, doctor, nurse…etc.

INDIVIDUAL

Introduction to Employment Peer Mentorship

New role for NC Certified Peer Support Specialists

As part of the SE Team, they can help:

- Promote recovery
- Support individual in their treatment team meetings
- Engagement & Outreach
- Wellness management strategies
- Linkage to support groups- promote hope, problem solving- decrease social isolation

They also provide Employment Supports

- Train transportation skills
- Share personal story as model
- Support vocational choices- discovery process
- Support development of Job development plan
- Support self-directed job search
- Support development of Training strategies
- Support LTVS

Work and Recovery

"Work is commonly viewed by clients as a critical step in the recovery process and because work is broadly considered "normative behavior", employment has anti-stigmatizing effects on people with severe mental illness"

(McGurk & Mueser, 2003: 789)

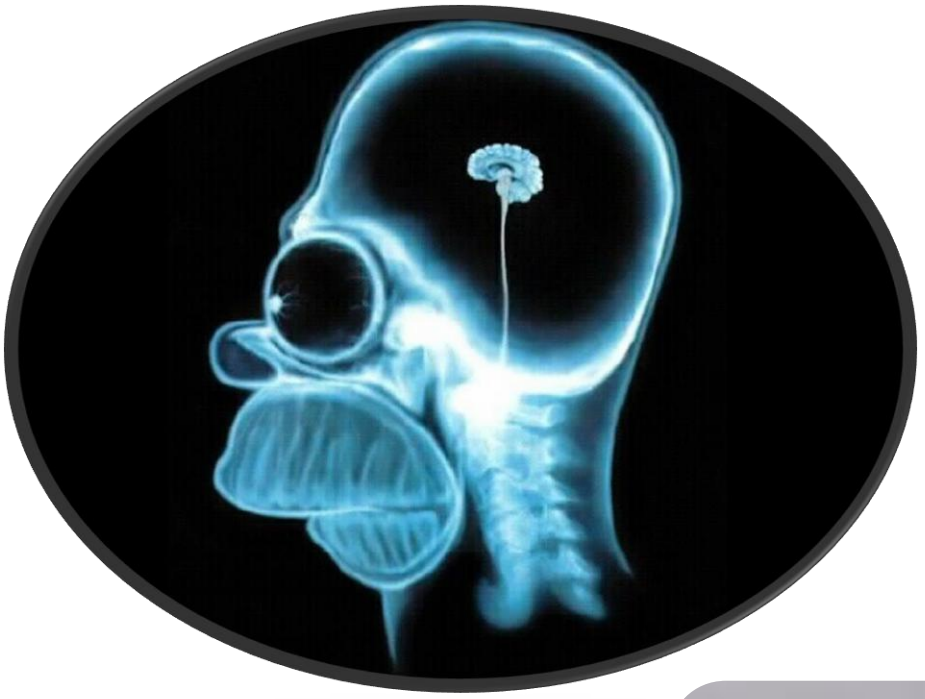
"But work is too stressful"…

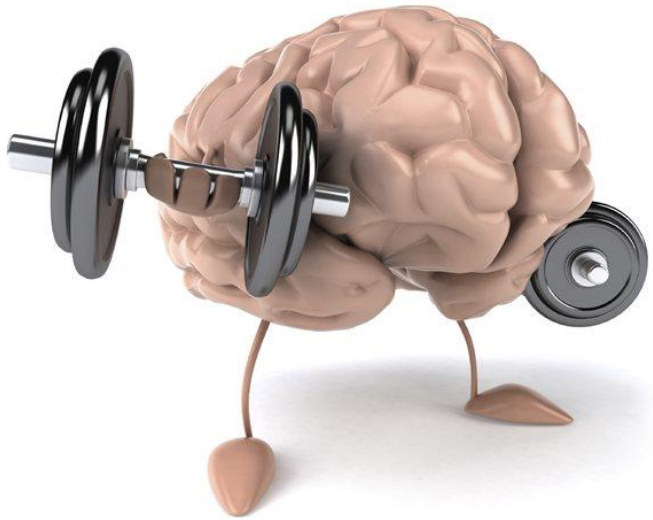
- Staying busy and <u>productively</u> occupied should be a basic tenet of mental health care. But it is not.
  - individuals have way too much time on their hands—and their mental health suffers as a result.
- It is very difficult to keep your mind off of negatives when you have a lot of time to think. And nothing productive to think about.

Research tells us that…

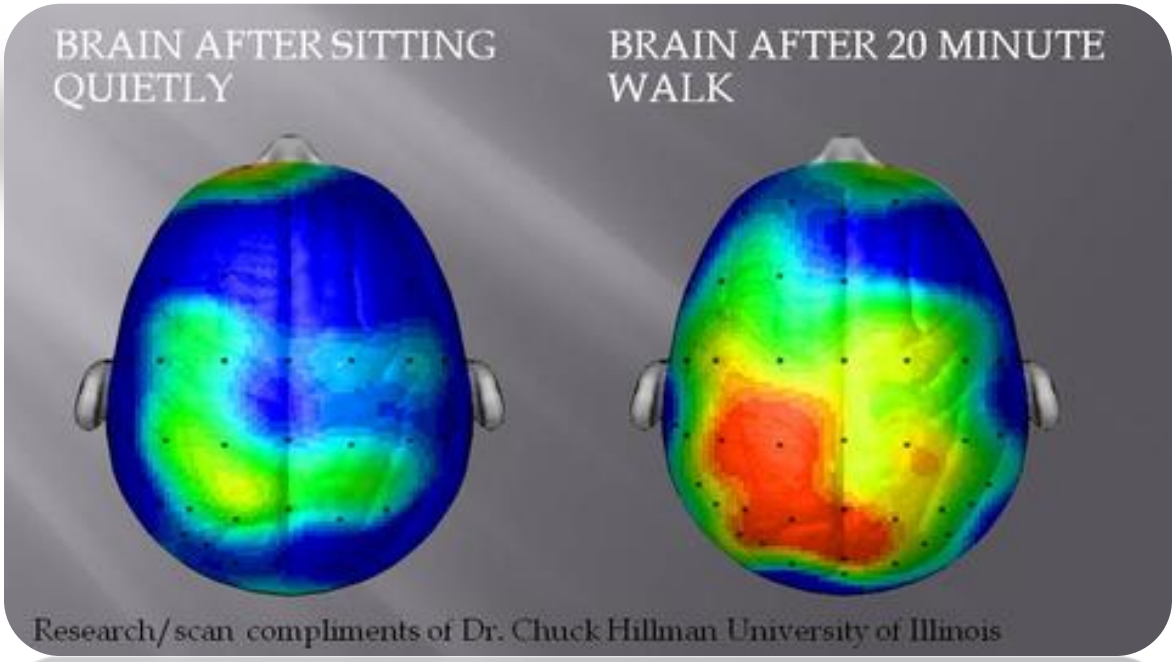
- 'There is a strong evidence base showing that work is generally good for physical and mental well-being.
- Unemployment is associated with poorer physical and mental health and well-being.
- Work can be therapeutic and can reverse the adverse health effects of unemployment'

(Waddell & Burton, in Freud, 2007: 5)





If you don't use it, you lose it



"My clients (!?) are too _____"…

- They are not YOUR CLIENTS…people first language check
- We need to believe – and expect – that people recover and gain employment
- We must encourage curiosity, risk, and change

Research tells us that…

- Psychiatric symptoms or diagnosis do not predict vocational rehabilitation outcomes;
- Psychiatric symptoms do not correlate with skill level

(Dorio & Marine, 2004: 33)

- Psychiatric symptoms, diagnostic category, and standardized psychometric assessments (for example, intelligence or aptitude tests) are poor predictors of future work performance and that there is little or no correlation between a person's symptoms and functional skills.

(MacDonald-Wilson et al 2001: 222)

A good article titled **"Getting our own house in order"**-
http://www.socialrolevalorization.com/articles/reidy/getting-our-own-house-in-order.html

"Don't people need to learn skills?"…

- On the job training vs. pre-vocational training

- Supported employment is more effective than prevocational training at helping people with severe mental illness obtain competitive employment

  (Crowther, R. E., Marshall, M., Bond, G. R., & Huxley, P. , 2001)

- Evidence-based SE specifically has produced consistently better outcomes than traditional vocational rehabilitation in terms of both competitive employment and employment of any type.

the approaches

assertive engagement

motivational interviewing

shared-decision making

positive psychology

Building Relationships with People

- **How do you talk about (employment, housing, community) to someone who has been living in the same place for 10 years?**
  - Doesn't mean we cant have a conversation about the benefits
  - **Reluctance to change is not resistance**
  - Ambivalence, or feeling two ways about the same issue, is normal, not a sign of pathology

People struggle with making a big change in their life whether or not they have a mental illness.

What is Assertive Engagement (AE)?

- Assertive Engagement combines several evidence based practices into a cohesive approach to services that can be used in any setting with any population.
- Assertive Engagement includes:
  - A Heart Set based on Assertive Community Treatment
  - A Mind Set based on Strengths Based Practice
  - A Skill Set based on Motivational Interviewing

Some Presumptions of AE

- People want and need to change to improve their lives
- Most vulnerable people don't live in environments that are conducive to change
  - most staff will encounter their clients in environments that are by and large "untherapeutic"
- Lives can be changed and professionals can help in that process
  - If staff view clients as pathological & defensive and meet them with those ideas in mind, those views become true
- Change requires processing and decisions in a safe environment

People should receive a consistent, trauma-informed, and culturally competent approach to services regardless of what system or agency they encounter

Key Concepts of Engagement

- Effective practitioners believe in the following philosophies:
  - It's important to know each person as an individual.
  - During recovery, individuals benefit from relationships with people who are hopeful
    - Peer support specialists are key!
  - Every person deserves to be treated with respect.
  - Focusing on a person's strengths helps them be more successful.

Assertive Engagement Techniques

- A *"don't take no for an answer"* approach designed to engage individuals who express little or no interest in services or assistance

- A high degree of persistence and creativity by staff in discovering what it is that individuals most want and need and what it takes to connect with and motivate them

Assertive Engagement

- AE assumes people are willing and able to make change to their lives

- A process whereby a practitioner uses their interpersonal skills and creativity effectively to make the environment conducive to change

http://ezinearticles.com/?What-is-Assertive-Engagement&id=2241305

QUIZ!

- ***Which is <u>the least</u> helpful way to build a good relationship with an individual?***
  a) Treating the individual as an equal partner
  b) Giving advice based on your experience
  c) Respecting the person's preferences for how they want to receive services
  d) Asking open-ended questions and listening carefully to the responses

QUIZ!

- ***What should you do if someone is unsure about wanting to work?***
  a) Don't refer them until they are 100% ready to work
  b) Acknowledge that going back to work can be difficult for everyone and offer more information
  c) Ask another staff to talk the person into working
  d) Impose a deadline where the client needs to decide whether or not to get a job

Developing a good "working" relationship

- Make a good first impression
  - Convey from the beginning that the person is in charge of determining his or her own goals and that you are there to help the person reach those goals

- Treating the person as an equal partner
  - **"When the two of you feel like equals and can collaborate together on the person's goals, only then will you have a true working alliance."**
  - Follow the person's preferences for their job, home, and services
  - Communicate in an explicit and transparent manner
  - Explicitly articulate plans and expectations for yourself and the person
  - Check in frequently, e.g., "tell me if I'm being too pushy"

Developing a good "working" relationship

- Be REAL
  - We can all tell when someone's faking it or just doing something because they have to
- Get rid of the power
  - I studied for 100 years, I know what you need
- Nonverbal communication
  - Showing eye contact, facial expressions, and body language that conveys respect, interest in the person, and facilitates speaking
- Keep your word
  - Be on time for appointments
  - Acknowledge mistakes
- Focus on strengths, and believe that the person can succeed
  - suspend all judgment
- Be willing to take some risks
  - we don't know the future and usually can't predict who will be successful.

Strategies for supporting clients who are Transitioning

- Integrated team support- TCL focuses on using all supports available to help the person in their decision process.
  - Work together with the client and the provider to give consistent, hopeful, empowering messages.
  - The team can all celebrate successes with the person.
- Showing unconditional positive regard.
- Normalize their ambivalence and convey your care for their overall wellness and happiness.

Strategies for supporting clients who are Transitioning

- Work at the person's pace and follow their preferences about what types of support that they want.
- Keep the door to services open so people don't feel pressure from you.
  - In employment and housing first, the main criterion is that the person says they want to work or they want a home
  - If people say that they don't want it, give them some time (a month or so) to be sure of their choice, and whether they have questions later
  - The team can continue to check in with them on occasion about their interest in employment and housing
  - The door to services should remain open for people to be re-referred.

We need to continuously examine our own attitude and communication

- Attitude and communication characterized by hope, optimism, and enthusiasm is the most effective.
- If we don't have these attitudes, we need to do some self-work to get there
  - Utilize your supervisor, seek additional recovery training, check for burnout, reconnect to your reasons for getting into the work in the first place, and/or remember your values.

Motivational Interviewing

Principles of MI	
Express Empathy	Showing warmth and caring Support patient's self-esteem
Develop Discrepancy	Evoke patient's own reasons for and against change
Roll with Resistance	Resistance is a predictor of poor outcomes
Support Self Efficacy	Question and reflect to help the patient believe that he can change

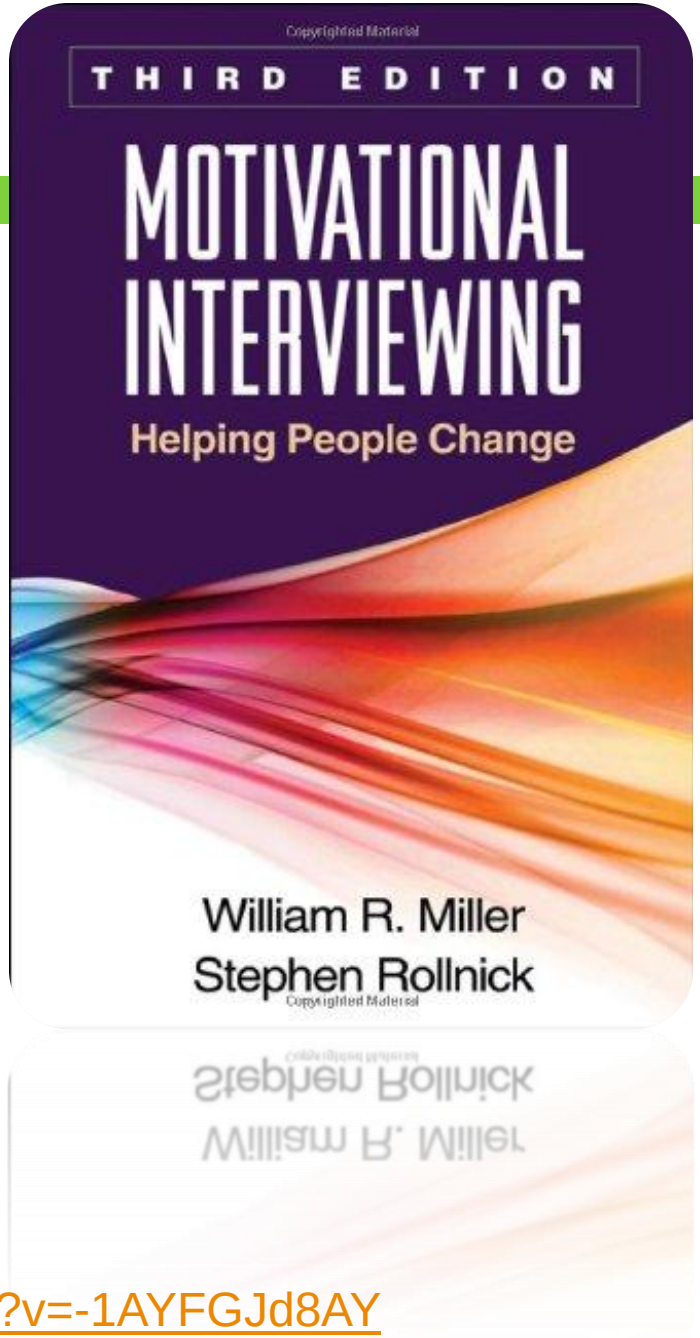
- "You already have what you need, and together we will find it."
  - Miller & Rollnick, 2013

- "They say you can lead a horse to water, but you can't make him drink. But I say, you can salt the oats."
  - Madeline Hunter, author

http://www.motivationalinterviewing.org/

What is MI?

- The most recent definition of Motivational Interviewing (2009) is: *"a collaborative, person-centered form of guiding to elicit and strengthen motivation for change."*
- A person-centered counseling style for addressing the common problem of ambivalence about change.
- **A way of helping people talk themselves into changing**
- No one changes unless they want to



Video http://www.youtube.com/watch?v=-1AYFGJd8AY

Shared Decision-Making

- SDM provides an approach through which providers and consumers of health care come together as collaborators in determining the course of care.
- Research has shown that SDM, when practiced in general health care, increases consumers' knowledge about and comfort with the health care decisions they make.
- These alone are worthy goals—but the promise of SDM in mental health care is truly transformative.

http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Care/SMA09-4371

Positive Psychology

- a branch of psychology which focuses on the empirical study of such things as positive emotions, strengths-based character, and healthy institutions.
- Are we happy? Are the people we serve happy?
- The meaningful life- knowing your strengths and using them for something more

www.authentichappiness.org

COOL TOOL- the SPDAT

- The VI-SPDAT is a "supertool" that combines the strengths of two widely used existing assessments:
  - The Vulnerability Index (VI), developed by Community Solutions, is a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.
  - The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way. http://www.orgcode.com/spdat/
    - The **Service Prioritization Decision Assistance Tool (SPDAT)** is changing the intake and service delivery landscape. SPDAT was launched in 2011 and is now in use in more than 100 communities across North America — **SPDAT** is a best practices requirement in several of those communities.

- The SPDAT tool alone may help identify the best type of support and housing intervention for an individual:
  - people who will benefit most from Housing First
  - people who will benefit most from Rapid Re-housing
  - people who are most likely to end their own homelessness with little to no intervention on your part
  - which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability
  - how individuals and families are changing over time as a result of the case management process

http://100khomes.org/blog/introducing-the-vi-spdat-pre-screen-survey

Transitions to Community Living
NC Implementation

In-Reach

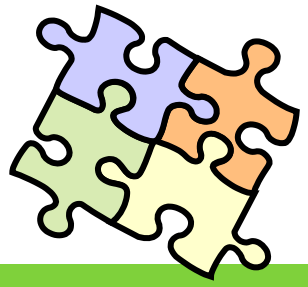
Transition Coordination

Diversion

Housing

Services

TCL: The Pieces



- ✓ TRANSITIONS= empowers individuals to choose where they live
  - ***InReach (peer support engagement/mentoring)***
  - ***Transition Coordination***

- ✓ HOUSING= community living options
  - ***Supportive Housing with Tenancy Supports & Rental subsidy***

- ✓ SERVICES= evidence-based, recovery-oriented, community-based
  - ***ACT, Supported Employment, and others***

- ✓ DIVERSION= diverts individuals from congregate housing arrangements to apartment settings if they choose.
  - ***PASRR (Preadmission Screening and Resident Review)***

Settlement Section III.C. p.8
http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/nc-settlement-olmstead.pdf

Target Population

Primary mental health diagnosis- "Serious Mental Illness" ("SMI"), "Serious and Persistent Mental Illness" ("SPMI")

- That impairs or impedes functioning in one or more major areas of living and is unlikely to improve without treatment, services and/or supports
- Includes co-occurring SA, IDD, acquired brain injury, or other condition

Individuals <u>with and without</u> a Housing Slot

- Even if someone doesn't want a housing slot, they should have options counseling and access to evidence-based services that will help with treatment and recovery process

Priority list

1. Individuals with SMI who reside in an adult care home determined by the State to be an IMD
2. Individuals with SPMI who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness;
3. Individuals with SPMI who are residing in ACHs licensed for between 20-49 beds in which 40% or more of the resident population has a mental illness;
4. Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital and who are homeless or have unstable housing; and
5. Individuals diverted from entry into ACHs pursuant to the pre-admission screening and diversion process (PASRR).

Settlement Agreement Activities DHHS and MCOs

- In-Reach
- Diversion
- Transition planning
- Housing slots with rental assistance and tenancy supports
- ACT services to fidelity
- Supported Employment to fidelity
- Quality Assurance and Performance Improvement
- Independent Reviewer

In-Reach

- An ongoing engagement, education and support effort designed to accurately and fully inform individuals about community based mental health services and supported housing
- Coordinated by LME-MCO
- NC Certified Peer Support Specialists
- Adult Care Homes and State Psychiatric Hospitals
- Recurrent in-reach
- Begin with ACH (Adult Care Homes) determined to be IMDs (Institutes for Mental Diseases)
- Built on the "Money Follows the Person (MFP)" experience

Transition Planning

- Coordinated by LME-MCO and headed by Transition Coordinator
  - ensures discharge/transitions planning is based on the principle that with sufficient services and supports, people with SMI or SPMI can live in an integrated setting
- Establish interest list and tracking mechanism
- Transitions must occur within 90 days of the initial planning meeting
- Ensures Post-Transition Follow Along

Example of a Transition Team

Led by Transition Coordinator. Members include:

- The individual who desires to move into an integrated community setting
- Persons knowledgeable about resources and opportunities in the community, including
  - Service providers
  - Regional Housing Coordinator
  - LME-MCO Housing Specialists
  - LME-MCO Care Coordinators
  - Certified Peer Specialists
  - Other professionals with expertise about accessing needed health care, therapeutic services and other necessary supports
  - Persons who have the linguistic and cultural competence to serve the individual
  - The individual's guardian, as applicable, and/or other supporters

Diversion From ACH

- Beginning January 1, 2013 the State implemented the Pre-admission Screening and Annual Resident Review (PASRR) process
- When any individual is being considered for admission to an adult care home, the individual is assessed for having a MH diagnosis and offered options to appropriate mental health services and housing based on eligibility.
- ACH is an option but the choice is up to the individual
  - Must be informed choice, must be documented, and continued In-Reach/Transition planning may occur guided by the LME-MCO

Supportive Housing

- Package of rental subsidy, one-time transition supports, community services
- First-come/first-served and based on geographic housing availability and individual preference
- Built upon experience with targeted Key Housing program
- Establish a Tenant Based Rental Assistance program (TBRA)
  - Like Section 8 Housing Voucher Program
  - Tenant will pay designated % of income
  - Current "Low Income Housing Tax Credit" (LIHTC) properties can participate

www.nchousingsearch.com

Housing Characteristics

- Permanent Housing with Tenancy Rights
- Tenancy supports to assist in overcoming barriers to obtain housing and develop skills to maintain housing
- Enable individuals with disabilities to interact with individuals without disabilities to fullest extent
- Do not limit access to community activities at time, frequencies, and with persons of choosing
- Are scattered site, no more that 20% units occupied by persons with disabilities
- Afford individuals choice in daily life activities
- Priority is single occupancy housing
- Not licensed

Redefining the Adult Mental Health System of Care

Services and supports shall be:

- evidence-based
- community-based;
- recovery-oriented;
- flexible and individualized;
- focused on helping individuals increase their ability to recognize and deal with situations that may otherwise result in crises; and
- focused on increasing and strengthening individuals' networks of community and natural supports, as well as their use of these supports for crisis prevention and intervention.

Adult Mental Health Service Array

- The State will rely on the following community mental health services to satisfy the requirements of this Agreement:
  - ✓ **Assertive Community Treatment (ACT)**
  - ✓ **Supported Employment (IPS-SE)**
  - ✓ **Peer Support Services (PSS)**
  - • **Community Support Teams (CST)**
  - • **Psychosocial Rehabilitation Services (PSR)**
  - • **Case Management** *(not currently a service- gap needs to be addressed)*

- **Services are being revised to ensure evidence-based, recovery-oriented practices**

Services: Implementation Plan Activities

- Revision of AMH service definitions
- Training and technical assistance consultation
- Fidelity evaluation:
  - to ensure that the services are being implemented as intended
  - to provide a mechanism for quality improvement feedback
- Collection of outcome data

Tenancy Supports

- Every individual with a housing unit will receive Tenancy Support services
- Tenancy Support is not necessarily a "service definition" provided by the state or an MCO; It is linked to the Supportive Housing program
  - *In Cardinal, the use of the B3 service, "Individual Supports", aligns with this service for individuals who need more one on one support*
- Document of functions/roles for staff hired to provide Tenancy Supports via Quadel
- Ensuring collaboration with behavioral health providers for long-term community living success

Tenancy Support Functions

Tenancy Support Staff functions include, but are not limited to:

1. **Activities related to move-in:** Inspect unit, Assist with move in, getting household goods & how to use them, emergency protocols
2. **During tenancy:** cooking & cleaning up the kitchen, how do you increase income without violating your lease, building a positive social network while moving away from a negative network, conflict resolution
3. **If the tenant is away (e.g., due to vacation, crisis hospitalization, etc):** adjusting the thermostat, pet care, make sure bills are paid
4. **Other issues:** landlord/tenant interventions, conflict resolution with neighbors

Service setting: Tenancy Support must be provided in the housing unit unless intervention is required in other location.

Activities of Tenancy Supports

- Home visits
  - How often? Daily, weekly, monthly?
  - What do you do there?
    - What people want
    - Building relationship
    - Pill boxes
    - Reminders
    - Phone call – having a phone
- Housing retention
  - Supports to maintain housing
    - Guests in the apartment
    - Illegal activity
    - When something is not quite right

What do you think about home visits?

If things go south, who will you call in?

Certified Peer Support Specialists throughout the DOJ Settlement Agreement

- Peer Support Specialists *"introduce and advance communities' understanding of recovery and community integration as the catalyst for transforming individual lives"*
  - In-Reach – must be CPSS
  - ACT – all teams must have a CPSS
  - Supported Employment – adds "Employment Peer Mentors" (CPSS specialty) as a new staff role
  - Tenancy Support services – can be provided by CPSS
  - Peer Support Service – offered B3 services which eligible individuals can have access to their own peer support staff

As of 3/21/2014 there are **1172** Certified Peer Support Specialists in North Carolina:

http://pss-sowo.unc.edu/pss

SUCCESS

Because you too can own this face of pure accomplishment

Your Handouts

- http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/olmstead/What_is_Olmstead.pdf
- http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/What_is_Community_Integration.pdf
- http://www.dartmouth.edu/~charky1/page40/page54/page84/files/myth-fact_4.13.06.pdf
- http://www.dartmouth.edu/~charky1/page40/page97/page142/files/ips-policy-brief-2.pdf
- http://www.dartmouth.edu/~charky1/page40/page41/page42/files/practitioner_poster.pdf
- http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-08-Brochure-PSH.pdf
- http://www.bazelon.org/LinkClick.aspx?fileticket=eRwzUzZdIXs%3d&tabid=126
- http://www.bazelon.org/portals/0/Where%20We%20Stand/Community%20Integration/Olmstead/A%20Place%20of%20My%20Own.%20Bazelon%20Center%20for%20Mental%20Health%20Law.pdf

Questions? Suggestions?

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Main Website: http://www.ncdhhs.gov/mhddsas

TCL Initiative: http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm